

Form 700 002

Confidential Licensing Information Authorization

Use this form to authorize the Department of Revenue to:

- Send confidential licensing information through unsecure email or fax (to you or an authorized third party) and/or
- Share your confidential licensing information with a third party.

My information	This information will not	be used to update yo	our business record.*)		
Owner name:	UBI number:				
Mailing address:		City:	State:	Zip:	
Phone: *To update your busir	Email: less record, go to dor.wa	gov and log in to yo.	Fax: ur My DOR account.		
Which authoriza	tion are you provid	ling? (For third part	ty authorizations, com	plete A and B.)	
By checking th	fidential licensing info is box, I authorize the de mail or fax to all email a	epartment to send r	ny confidential licensi	_	
email and fax a persons. I acce	the department's secure are not as secure, and co pt these conditions and ail or fax. (RCW 19.02.11	nfidential information waive any violation of	on may be intercepted	by unauthorized	
If you are not authorizing an specific people	nfidential licensing infauthorizing a third party entire company or a Leg , add additional name(s)	r, skip this section ar islator's office, add t	nd go to the signature the words "and staff."	page. If you are	
Individual or com	pany name:				
Mailing address:		City:	State:	Zip:	
Phone:	Email:		Fax:		
Check the approp	oriate box below:				
Any infor	mation for any time peri	iod.			
Any infor	mation for this time peri	iod:			
Mont	h/day/year:	to Month/d	lay/year:		
Only liste	d information for this tir	ne period.			
Mont	h/day/year:	to Month/d	lay/year:		
_	nation to be shared: mes. Include email addre	esses only if you've c	hecked the box in sect	tion A.	

To request this document in an alternate format, please complete the form <u>dor.wa.gov/AccessibilityRequest</u> or call 360-705-6705. Teletype (TTY) users please dial 711.

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Confidential Licensing Information Authorization



Signature

I authorize the Department of Revenue to share my confidential licensing information as indicated on page 1 of this form. I declare, under penalty of perjury, that I am authorized to sign this form. I am listed as the real property owner or as the business owner, partner, corporate officer, or LLC member or manager in official records held by Washington State, or I have attached documentation (for example: power of attorney, annual report, executor) that grants me the authority to sign.

Signature:	Title:	Date:

Print name: City & state where signed:

This authorization remains in effect until revoked in writing by either party. Keep a copy for your files. To revoke this authorization, write "Revoke" across the front of this form and return it to the department as indicated in the next section.

What to do next

ATTN (if you are working with a Revenue employee, list name here):

Submit this form by fax, email, or mail:

Fax: 360-705-6699

Email: bls@dor.wa.gov

Mail: Dept. of Revenue

Business Licensing Service

PO Box 47475

Olympia, WA 98504-7475

For licensing questions, please call 360-705-6741.

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Instructions

Confidential licensing information by email, fax, or to a third party

Licensing information is confidential and cannot be shared with anyone without express permission.

By completing this form, you are authorizing the department to:

- Send confidential licensing information through unsecure email or fax, to you or an authorized third party. (Section A);
- Share your confidential licensing information with the third party(ies) provided. (Section B).

This request may cover all confidential licensing information or it may be limited to certain information and/or time periods. In section B, please describe the specific information you want the department to share and the time periods covered by this authorization.

Secure messaging through My DOR

Secure messaging is offered through the department's online My DOR portal. Business owners with an online account can access secure messaging when logged in. On the "More Options" tab, select "Send a Message" and follow the instructions.

Business owners without an online account can register at dor.wa.gov. To create an account, provide your name, email, and phone number. Create a logon ID and password, then choose a security question.

If you want to add your business to your online account, enter your UBI number and your letter ID. Your letter ID can be found on the upper right corner of the letter you received from the department when you first opened your business.

Only people authorized to access your online account can see secure messages.

ATTN: (If you are working with a Revenue employee)

If you are working with a Revenue employee, write the employee's name on the ATTN: line on the bottom of page 2 of this form and submit the form using one of the ways below.

Submit this form by fax, email, or mail:

Fax: 360-705-6699 **Email:** bls@dor.wa.gov

Business Licensing Service

PO Box 47475

Dept. of Revenue

Olympia, WA 98504-7475

Questions?

Mail:

Call the department at 360-705-6705.

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